



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

DO NOT ENCUMBER

<input type="checkbox"/> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code CAROLEA923	SC	Dept. A	Contract Number 02-1202 A-1		
County Department Probation Department		Dept. Orgn. PRB		Contractor's License No.		
County Department Contract Representative Holly Benton		Telephone (909) 387-5918		Total Contract Amount Not to Exceed \$10,000		
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other:						
If not encumbered or revenue contract type, provide reason: <u>Fee for Service Contract</u>						
Commodity Code		Contract Start Date 11/19/02	Contract End Date 06/30/04	Original Amount Not to Exceed \$10,000		
Fund AAA	Dept. PRG	Organization 1913	Appr. 200	Obj/Rev Source 2445	GRC/PROJ/JOB No. 40000DRC	Amount Not to Exceed \$10,000
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Project Name <u>Counseling Services</u>			Estimated Payment Total by Fiscal Year			
			FY	Amount	I/D	
Contract type - 1						

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino Probation Department, hereinafter called the County, and

Name

Carole A. Voll, MFT

hereinafter called Contractor

Address

18231 Hwy 18, Suite 7

Apple Valley, CA 92307

Phone

(760) 242-8991

Birth Date

Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend contract # 02-1202, as follows:

Section II. Contractor Counseling Services Responsibilities

Amend Paragraph B, Item 2, page 4 of 14 to read as follows:

2. Conduct individual, *family* and group therapy sessions.

Section V. Fiscal Provisions

Amend the last sentence of Section V, Paragraph D, page 10 of 14, to read as follows:

Invoices are to be mailed to:
San Bernardino County Probation Department
175 West Fifth Street
San Bernardino, CA 92415
ATTN: Holly Benton, AB 1913 Coordinator

Section VIII. Term

Amend Section VIII, page 12 of 14, to read as follows:

This contract is effective as of November 19, 2002 and is extended from its original expiration date of June 30, 2003, to expire on June 30, 2004 but may be terminated earlier in accordance with provisions of Section IX of the Contract. This Contract may be extended for one additional 12 month period if funding is available and subject to approval of an amendment to this contract by both the County and the Contractor.

Section X. General Provisions

Amend Section X, Paragraph A, page 12 of 14 to read as follows:

When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: Carole A. Voll, MFT
18231 Hwy 18, Suite 7
Apple Valley, CA 92307

County: County of San Bernardino Probation Department
175 West Fifth Street
San Bernardino, CA 92415
ATTN: Holly Benton, AB 1913 Coordinator

County (***Insurance Information Only***):
County of San Bernardino
c/o Insurance Data Services
P. O. Box 12010-CB
Hemet, CA 92546-8010

ATTACHMENT A:

Add Fee Schedule for Counseling Services dated May 27, 2003.

All other terms and conditions remain in full force and effect.

COUNTY OF SAN BERNARDINO

►
Dennis Hansberger, Chairman, Board of Supervisors

Dated _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors
of the County of San Bernardino.

By _____
Deputy

Carole A. Voll, MFT

(Print or type name of corporation, company, contractor, etc.)

By ►

(Authorized signature - sign in blue ink)

Name Carole A. Voll, MFT
(Print or type name of person signing contract)

Title Marriage and Family Therapist
(Print or Type)

Dated _____

Address 18231 Hwy 18, Suite 7
Apple Valley, CA 92307

Approved as to Legal Form

►
Dawn Stafford, Deputy County Counsel

Date _____

Reviewed by Contract Compliance

►
Lori Ciabattini, HSS Contract s Unit

Date _____

Presented to BOS for Signature

►
Raymond B. Wingerd, Chief Probation Officer

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Contractor Name: Carole A. Voll, MFT

ATTACHMENT A

Fee Schedule for Counseling Services

Type of Service	Approved Fee (\$)
Individual Therapy Session (hourly rate)	85/hr
Group Therapy Session (hourly rate/per client)	50 hr (1 st client) and 30/hr (addtl clients)
Testifying-Court Services (hourly rate)	100/hr
Specialized Report Writing (hourly rate)	100/hr
Other Services to be Provided	
Type of Service	Approved Fee (\$)
<i>Family Therapy (hourly rate)</i>	<i>85/hr</i>